

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	13	←	←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.				↓		
TOTAL DEP.				←	↓	↓
TOTAL CLAIMS						